

NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES

and

_____ **AREA AGENCY ON AGING**

MONITORING TOOL FOR CARE MANAGEMENT

Community Services Provider: _____

Review Date: _____ State Fiscal Year: _____

Interviewer: _____

Person(s) Interviewed and Title: _____

PROGRAM ADMINISTRATION

Provisions of the Standard

1. The Care Management unit has a Social Worker and a Registered Nurse.
 - a. The Registered Nurse holds a current license issued by the North Carolina Board of Nursing. YES_____ NO_____
 - b. The Social Worker has a BSW or MSW or meets State Personnel requirements for a Social Worker. YES_____ NO_____(Page 8-9 of the Care Management Service Standards)

Documentation verifying compliance: _____

Comments: _____

2. The agency uses a screening/intake instrument which addresses the following:
 - a. Client/Individual's identifying information; YES_____ NO_____
 - b. Client/Individual's ability to perform activities of daily living; YES_____ NO_____
 - c. Client/Individual's ability to perform instrumental activities of daily living; YES_____ NO_____
 - d. Client/Individual's perception of health problems; YES_____ NO_____
 - e. Client/Individual's perception of well-being (e.g. happy, sad, forgetful, confused); YES_____ NO_____

- f. Client/Individual's living arrangement (alone/with family); YES____ NO____
- g. Availability of caregiver support; YES____ NO____
- h. Services currently being received. YES____ NO____
- (Page 3-4 of Care Management Service Standards)

Documentation verifying compliance:_____

Comments:_____

3. The agency uses a comprehensive multidimensional assessment tool that addresses the following:

- a. client identifying information; YES____ NO____
- b. client's functional capacity; YES____ NO____
- c. client's mental status; YES____ NO____
- d. client's social status; YES____ NO____
- e. client's medical status; YES____ NO____
- f. client's economic status; and YES____ NO____
- g. client's environmental status YES____ NO____

(Page 4-5 of the Care Management Service Standards)

Documentation verifying compliance:_____

Comments:_____

SUMMARY OF CLIENT RECORD REVIEW

For the client record review section, pull a random sample of 5-10% of the active client files, or not less than 10. If less than 10 files, examine all files. Use the attached questions to review each client file. You will need to make a copy of the attached questions for each client file reviewed. After reviewing the client files, complete the questions listed below to summarize the client record information.

Of the _____ (number) client files reviewed,

4. Out of _____ (number) clients needing registration information updated, _____ (number) had registration information updated.
5. _____ (number) contained a completed screening/intake instrument;
6. _____ (number) contained a completed comprehensive multidimensional assessment;
7. _____ (number) assessments were signed by the Social Worker and the Registered Nurse;
8. Out of _____ (number) clients needing reassessments, _____ (number) were completed;
9. _____ (number) care plans were developed within 12 working days of the initial screening/intake and contained all required elements;
10. _____ (number) care plans were reviewed quarterly by both the Social Worker and the Registered Nurse;
11. _____ (number) indicated that monthly contacts to the client had been made and that at least a quarterly home visit was made; and
12. Out of _____ (number) of clients having health related needs, _____ (number) has the Registered Nurse conducting the quarterly home visits.
13. _____ (number) clients were made aware of Client/Patient Rights.
14. Out of _____ (number) of clients referred to a provider for service, _____ (number) had signed a Release of Information form.

Additional Comments: _____

Signature of AAA Administrator/DAAS Staff

Date

CLIENT RECORD REVIEW

Client Name _____

Date _____

Interviewer _____

1. The client registration information had been updated during the service reassessments. YES_____ NO_____
(Page 9 of the Care Management Standards)

Documentation verifying compliance: _____

Comments: _____

2. A screening/intake instrument addressing each category required was completed. YES_____ NO_____
(Page 9 of the Care Management Standards)

Documentation verifying compliance: _____

Comments: _____

3. A comprehensive multidimensional assessment, which addresses the client's functional capacity as well as mental, social, medical, economic, and environmental status, was completed. YES_____ NO_____
(Page 4 of the Care Management Service Standards)

Documentation verifying compliance: _____

Comments: _____

4. The assessment was signed by both the Social Worker and the Registered Nurse conducting the assessment, dated and maintained in the client's file. YES _____ NO _____
(Page 5 of the Care Management Service Standards)

Documentation verifying compliance: _____

Comments: _____

5. Reassessments were completed by the Social Worker and the Registered Nurse at least every 12 months and addressed the client's functional capacity, as well as mental, social, medical, economic, and environmental status. YES _____ NO _____
(Page 5 of the Care Management Service Standards)

Documentation verifying compliance: _____

Comments: _____

6. Care plans were developed within 12 working days of the initial screening/intake and contain the following elements:
- a. Outcome oriented goal statements and conditions for case closure; YES _____ NO _____
 - b. Both informal and formal services to be provided; YES _____ NO _____
 - c. Agencies responsible for service provision; YES _____ NO _____
 - d. Frequency of service provision; YES _____ NO _____
 - e. Duration of service provision; YES _____ NO _____
 - f. Signature of the client/designated representative indicating agreement with the care plan; YES _____ NO _____
 - g. Signature of the Registered Nurse and the Social Worker developing the care plan; and YES _____ NO _____
 - h. Date of the care plan development YES _____ NO _____
- (Page 5-6 of the Care Management Service Standards)

Documentation verifying compliance: _____

Comments: _____

7. Care plans were reviewed at least quarterly or as the client's condition warranted by both the Social Worker and the Registered Nurse.

YES_____ NO_____

(Page 6 of the Care Management Service Standards)

Documentation verifying compliance: _____

Comments: _____

8. Monthly contacts (e.g. telephone, home visit, office visit) were made to the client by the Care Manager.

YES_____ NO_____

(Page 6 of the Care Management Service Standards)

Documentation verifying compliance: _____

Comments: _____

9. At least one contact per quarter was conducted in the client's home.

YES_____ NO_____

Documentation verifying compliance: _____

Comments: _____

10. If the client has health related needs, then the Registered Nurse conducted the quarterly home visits. YES____ NO____
(Page 6 of the Care Management Service Standards)

Documentation verifying compliance: _____

Comments: _____

11. The client was made aware of Client/Patient Rights. YES____ NO____
(Page 8 of the Care Management Service Standards)

Documentation verifying compliance: _____

Comments: _____

12. The client had a signed Release of Information form if they had been referred to a provider for service. YES____ NO____
(Page 8 of the Care Management Service Standards)

Documentation verifying compliance: _____

Comments: _____
